

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99072 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Grammer

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 70 Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Wheelwright

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 522 S. Wolf St.

Cause of Death, { First (Primary), Second (Immediate), } Hepatitis
Choleraemia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Apr. 7th 87

Undertaker, G. P. Hancock

Place of Business, G. P. Hancock & Wolf St. Address, 1525 S. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99073 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1887

Full Name of Deceased, Thomas P Perkins

Sex, Male or Female, Male

Age, 27 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Laborer

Birth Place, Ireland

Duration of Residence in the City of Baltimore, Twenty and (29) Years

Place of Death, 2031 Coper Works Wagon Canton

Cause of Death, Valvular disease of Heart

Duration of Last Sickness, Up to 10 days

Duration of Last Sickness, Five minutes

Place of Burial, Holy Cross Church

Date of Burial, April 9th 1887

Undertaker, G. Francis

Place of Business, 2031 Coper Works Wagon Canton

Address, 403 N. Broadway

Medical Attendant, E. H. Kuchel

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 991174 Office of Registrar of Vital Statistics. Ward 7¹²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, April 6th 1887

Full Name of Deceased, Anna Oppel

Sex, Female

Age, 65 Years, _____ Months, _____ Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, _____

Occupation, Housekeeper

Birth Place, Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, St. Joseph Hospital

Cause of Death, Phthisis Pulmonalis
Exhaustion

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Apr. 8th 87

Undertaker, G. G. Grant Medical Attendant, Asa J. Lockman M. D.

Place of Business, Grant & Wolfe Address, 624 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

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Health Department, City of Baltimore.

Permit No. 99075 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary C. Hood

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 15 Years, 10 Months, 23 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Federick, Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give Street and Number. } 1625 Preston St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 8th 1887

Undertaker, J. B. Cook W. Ricker M. D. Medical Attendant.

Place of Business, 1003 W. Balto. Address, Penna Ave & Roberts St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99076 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 7 '87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernhard Heidt
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, Months, 14 Days.
Color,
Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
Occupation,
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. 514 Enway St.
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give Street and Number. } 514 Enway St.
Cause of Death, { First (Primary), Second (Immediate), }
Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.
Place of Burial, Baltimore
Date of Burial, Apr 8 / 1887
{ Undertaker, J. F. Turner & Sons }
{ Place of Business, 221 E. Calumet St. } Address, 540 Barn St.
J. F. Turner M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.
[OVER.]

Health Department, City of Baltimore.

Permit No. 99077

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 6th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas. J. Juetis

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

1

Years,

9

Months,

25

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

✓

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

117 W. Conway St.

Cause of Death,

{ First (Primary), }

Convulsions

{ Second (Immediate), }

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician.

Place of Burial,

Loudon Park Cem.

Date of Burial,

Apr 8th 1887

{ Undertaker,

Wm. Tickner Jones

Wm. Gombel

M. D.

Medical Attendant.

{ Place of Business,

221 S. Eutan St.

Address,

610 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No. 99078 Office of Registrar of Vital Statistics. Ward 5⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7, 1887
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Wilton W. Hall
Sex, ~~Male~~ or ~~Female~~, Cross out the word not required in this line. Male
Age, (81 Eight) Years, (3) Three Months (23/ Twenty Three) Days
Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation, ✓

Birth Place, State or country, and how long in the United States, if of foreign birth. Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, Give Street and Number. S. W. Coz. Eden and Monument St.

Cause of Death, First (Primary), Dysphoria Fever
Second (Immediate), Purpura Hemorrhagica.

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 8, 1887 Wm. H. Clendinning, M. D.

Undertaker, Henry McGinnis 4181 Medical Attendant.

Place of Business, 200 N. Central Address, No. 103 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, CH 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99079 Office of Registrar of Vital Statistics. Ward 20th

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4/6/87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Smith
Sex, Male or Female, {Cross out the word not required in this line.} Male
Age, Years, Months, Days.
Color, ed
Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, {Give Street and Number.} 1005 Shields Alley
Cause of Death, {First (Primary), Premature birth
Second (Immediate), 7 mo
Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpe Cemetery
Date of Burial, Apr 7 1887
{ Undertaker, William A. Burger } G. A. Fleming M. D. Medical Attendant.
{ Place of Business, 150 East St } Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99080 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1887
Full Name of Deceased, Louis Whitehill
Sex, Male or Female, Male
Age, — Years, 9 Months, 3 Days
Color, White
Married, Single, Widow or Widower, Single
Occupation, None
Birth Place, Baltimore
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, 607 S. Broadway
Cause of Death, Gastro-Enteritis
Duration of Last Sickness, 4 weeks
Place of Burial, Eden St. Burial
Date of Burial, April 8th 1887
Undertaker, M. Levi
Place of Business, 31 N. Central
Address, 2225 E. Pratt St.
Medical Attendant, J. H. Shaul M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.
[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99081 Office of Registration and Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 6th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo F. Handman
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 45 Years, 7 Months, 7 Days
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, Cairer
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.
Duration of Residence in the City of Baltimore, 45 yrs.
Place of Death, { Give Street and Number. } No 1015- S. Sharp St
Cause of Death, { First (Primary), Second (Immediate), } Consumption
Duration of Last Sickness, 5 Mo

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.
Date of Burial, April 8th 1887
{ Undertaker, Ph. J. Hill & son Medical Attendant, R. C. Lee M. D. }
{ Place of Business, 746 Columbia St Address, Harmon St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]